

BUSINESS - 2023  
INCOME TAX RETURN  
SOUTH LEBANON

MAKE CHECK OR MONEY ORDER TO:  
CITY OF SOUTH LEBANON -TAX DEPT.

10 N HIGH STREET  
SOUTH LEBANON OH 45065

Voice 513-494-2296 Ext 3      Fax 513-672-9599  
tax@southlebanonohio.org

Fiscal Period \_\_\_\_\_ to \_\_\_\_\_

Federal Schedules MUST be attached to this  
return.

|   |
|---|
| Federal ID#   |
| BusinessTelephone No.   |
| Principal<br>Business<br>Activity<br>NAICS Code                         |
| IF YOU HAVE MOVED DURING TAX YEAR - GIVE DATES                          |
| INTO    /    /                      OUT OF    /    /                    |
| CHECK ONE   |
| <input type="checkbox"/> CORPORATION <input type="checkbox"/> ESTATE    |
| <input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> TRUST |
| <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> FIDUCIARY |
| <input type="checkbox"/> S-CORPORATION                                  |
| <input type="checkbox"/> OTHER _____                                    |

|         |
|---------|
| Name    |
| And     |
| Address |

|   |    |    |   |
|---|----|----|---|
| 1 Total taxable income  | 1  |    |   |
| 2 Adjustments (See Schedule X)  | 2  |    |   |
| 3 Taxable income before allocation (Line 1 plus/minus lines 2 )                                     | 3  |    |   |
| 4 Allocation percentage (See Schedule Y)  | 4  |    | % |
| 5 Adjusted Net Income (Multiply line 3 by line 4)   | 5  |    |   |
| 6 Allocable Net Loss Carry Forward  | 6  |    |   |
| 7 South Lebanon Taxable income (Line 5 minus Line 6)  | 7  |    |   |
| 8 South Lebanon income tax (Multiply line 7 by 1.000%)  | 8  |    |   |
| 9 Credits applied from previous year(s) to this year's liability                                    | 9  |    |   |
| 10 Estimates paid on this year's liability  | 10 |    |   |
| 11 Other credits  | 11 |    |   |
| 12 Total credits (Total line 9, 10 and 11)  |    | 12 |   |
| 13 Tax due (If line 8 is greater than line 12, subtract line 12 from line 8 ) If greater than 10.00 |    | 13 |   |
| 14 Penalty  | 14 |    |   |
| 15 Interest   | 15 |    |   |
| 16 Total due (Total line 13, 14 and 15)   |    | 16 |   |
| 17 Overpayment ( Issued if greater than 10.00 )   |    | 17 |   |
| 18 Amount to be refunded  | 18 |    |   |
| 19 Amount to be credited to next year   | 19 |    |   |

Declaration of Estimate For 2024

|   |    |    |  |
|---|----|----|--|
| 20 Total estimated income subject to tax                          | 20 |    |  |
| 21 Estimated tax due. (Multiply line 20 by 1.000%)                |    | 21 |  |
| 22 Less credits (from 19 above)                                   |    | 22 |  |
| 23 Net estimated tax due (subtract line 22 from line 21)          | 23 |    |  |
| 24 Minimum amount due for first quarter (Multiply line 23 by 25%) |    | 24 |  |



Amount You Owe

|   |    |  |
|---|----|--|
| 25 Total amount due (add lines 16 and 24) | 25 |  |
|---|----|--|

By signing this return, I declare this return (and accompanying schedules) is a true, correct and complete return for the taxable period stated and the figures.

Tax Office Use Only : Tax Office Use Only : Tax Office Use Only

|  |      |
|--|------|
| TaxPayer's Signature                                 | Date |
| Tax Preparer's Signature<br>(If other than taxpayer) | Date |
| Phone No.  |      |

|  |   |
|--|---|
| CREDIT CARD INFORMATION FOR PAYMENT  |   |
| <input type="checkbox"/>   | <input type="checkbox"/>  |
| <input type="checkbox"/>   | ACCOUNT NUMBER  |
|   |  |
|  | SECURITY PIN  |
| AMOUNT   | CARD EXPIRATION   |
|  |   |
|  | CARD HOLDER SIGNATURE - SIGN HERE   |

May CITY OF SOUTH LEBANON discuss this return with the preparer shown above    Yes    No

**SECTION A Adjusted Federal Taxable Income for S-Corporations, Partnerships and Corporations**

1. Federal taxable income before net operating losses and special deductions per attached federal return (form 1120 Line 28; form 1120S, Schedule K, Line 18; form 1065, Schedule K, Page 5, Line 1; form 1041, Line 17; 990T, Line 30; form 1120-REIT, Line 20) ... 1 \$ \_\_\_\_\_
2. Items not deductible (from line m below) ..... 2 \$ \_\_\_\_\_
3. Items not taxable (from line z below) ..... 3 \$ \_\_\_\_\_
4. Subtract line 3 from line 2 and enter the result here ..... 4 \$ \_\_\_\_\_
5. Adjusted Federal taxable income (add lines 1 & 4) ..... 5 \$ \_\_\_\_\_

**SCHEDULE X Reconciliation with Federal Income Tax Return as Required by IRC Section 718**

| ITEMS NOT DEDUCTIBLE  | ADD | ITEMS NOT TAXABLE   | DEDUCT |
|---|-----|---|--------|
| a. Federally deducted losses from IRC 1221 or 1231 property dispositions ..... \$ _____   |     | n. Capital gains (IRC 1221 or 1231 property dispositions except to the extent the income and gains apply to those described in IRC 1245 or 1250) ..... \$ _____ |        |
| b. Five percent of intangible income reported on line O, except that from IRC 1221 property dispositions ..... \$ _____   |     | o. Federally reported intangible income such as, but not limited to interest, dividends, patent and copyright income ..... \$ _____                             |        |
| c. Taxes based on income (State) ..... \$ _____   |     | p. Amount of Federal Tax Credit to the extent they have reduced corresponding operating expenses ..... \$ _____   |        |
| d. Taxes based on income (City) ..... \$ _____  |     | q. Not previously deducted IRC Section 179 Expense ..... \$ _____   |        |
| e. Guaranteed payments or accruals to or for current or former partners or members ..... \$ _____   |     | r. Partnership, S Corp, LLC, Corporations, charitable contributions ..... \$ _____  |        |
| f. Federally deducted dividends, distributions, or amounts set aside for, credited to, or distributed to REIT or RIC investors ..... \$ _____   |     | s. Other ..... \$ _____   |        |
| g. Federally deducted amounts paid or accrued to or for qualified self-employed retirements plans, health insurance plans, and life insurance plans for owners or owner-employees of non-C corp entities ..... \$ _____ |     |   |        |
| h. Rental activities by partnership, S Corp or LLC, Trusts, Corporations \$ _____   |     |   |        |
| i. Other ..... \$ _____   |     |   |        |
| m. Total (Add lines a to i and Enter on line 2 above) ..... \$ _____  |     | z. Total (Add lines n to s and Enter on line 3 above) ..... \$ _____  |        |

**SCHEDULE Y Business Apportionment Formula**

|   | A. LOCATED EVERYWHERE | B. LOCATED IN THIS CITY | C. PERCENTAGE (B ÷ A) |
|---|-----------------------|-------------------------|-----------------------|
| STEP 1. ORIGINAL COST OF REAL AND TANGIBLE PERSONAL PROPERTY  | \$ _____              | \$ _____                |                       |
| GROSS ANNUAL RENTALS MULTIPLIED BY 8. ....  | \$ _____              | \$ _____                |                       |
| TOTAL OF STEP 1. ....   | \$ _____              | \$ _____                |                       |
| STEP 2. GROSS RECEIPTS FROM SALES MADE AND WORK OR SERVICES PERFORMED ..... \$ _____                              | \$ _____              | \$ _____                |                       |
| STEP 3. WAGES, SALARIES AND OTHER COMPENSATION PAID ..... \$ _____  | \$ _____              | \$ _____                |                       |
| STEP 4. TOTAL PERCENTAGES. ....   |                       |                         |                       |
| STEP 5. AVERAGE PERCENTAGES (DIVIDE TOTAL PERCENTAGES BY NUMBER OF PERCENTAGES USED THEN ENTER ON LINE 2, PAGE 1) |                       |                         |                       |

**SCHEDULE Y-1 RECONCILIATION TO FORM W-3 (WITHHOLDING RECONCILIATION)**

Total wages allocated to **South Lebanon** from Federal Return or apportionment formula) ..... \$ \_\_\_\_\_

Total wages shown on Form W-3 (Withholding Reconciliation) ..... \$ \_\_\_\_\_

Please explain any difference: \_\_\_\_\_

Are any employees leased in the year covered by this return? ..... YES NO

If YES, please provide the name, address, and FID number of the leasing company \_\_\_\_\_

EXTENSION POLICY: Any business that has duly requested an automatic six month extension for filing the taxpayer's federal income tax return shall automatically receive an extension for filing of a municipal income tax return. An extension of time to file is not an extension of time to pay.